



This report provides an overview of health and wellness in Richmond that will give residents, community agencies and local governments a better understanding of the factors influencing health in their community. Our hope is that this information will help spark community level dialogue on actions to create health promoting environments and reduce health inequities.

➔ HIGHLIGHTS

- Overall general and mental health is significantly lower compared to health authority and regional average. Access to family physicians is comparatively higher.
- Undesirable lifestyle traits like smoking and binge drinking are among the lowest. However, reported rates of fruit and vegetable consumption, as well as weekly physical activity, are lower.
- A relatively higher overall reliance on car for daily commuting than use of walking, cycling or public transit.
- These community level data confirm the importance of continuing partnerships with the City of Richmond on the implementation of the Community Wellness and Social Development strategies, as well as the Official Community Plan.



RICHMOND POPULATION 18+ YEARS (CENSUS 2011) = 155,755

➔ COMMUNITY DEMOGRAPHICS

..... GENDER



Female **53%**
Male **47%**

..... AGE (YEARS)



18-39 **35%**
40-64 **48%**
65+ **17%**

..... BIRTH PLACE



Born in Canada **42%**

..... EDUCATION



Below high school **11%**
High school **28%**
Certificate or diploma **29%**
University degree **31%**

..... HOUSEHOLD INCOME



Under \$40,000 **38%**
\$40,000 to \$79,999 **27%**
\$80,000 to \$119,999 **19%**
\$120,000 & above **16%**

..... EMPLOYMENT



Employed **56%**
Not in labour force **37%**
Unemployed **7%**

..... ETHNICITY



Aboriginal **2%**
Caucasian **34%**
Chinese **45%**
South Asian **6%**
Other **13%**



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA



Survey and participant recruitment

The My Health My Community survey was conducted between June 2013 and July 2014. People who responded to the survey were 18 years of age or older and lived within the Vancouver Coastal or Fraser Health regions. The survey was available online, in both English and Chinese, and printed versions were also available in English, Chinese and Punjabi. To ensure that we reached all segments of our population, our field outreach team also administered the survey in person in community settings (e.g. community events, seniors groups, homeless shelters).

Overall, more females responded to the survey than males and more responses were received from some geographic areas and population groups than others. Due to the nature of survey responses, it is common practice to “weight” survey results using the most recent census data (2011) to account for these differences. After all of the surveys were completed, we used statistical “weighting” to balance the results so that they represent the population of the geographic region specified. For example, if the responses were 65% female and 35% male, after weighting the responses represent a population that is 51% female and 49% male – closer to the actual values based on census data.

The results in this profile may differ from other publicly reported surveys, e.g. Canadian Community Health Survey, National Household Survey etc., due to differences in methodology such as recruitment, collection and reporting.

More detailed information on the survey tool and questions, recruitment of participants and calculation of indicators can be found in the My Health My Community Technical Report at: www.myhealthmycommunity.org

How to read this profile

Unless otherwise indicated, this report summarizes results for the highlighted geographical area (e.g. municipality) specified on page 1. Results for each indicator on pages 3-7 are presented for the highlighted area overall, and where possible are split into gender (male and female) and three age groups (18-39 years, 40-64 years and 65+ years). In some cases, data for a particular indicator or sub-group have not been shown (have been suppressed) due to small sample size and this is indicated with an ‘S’.

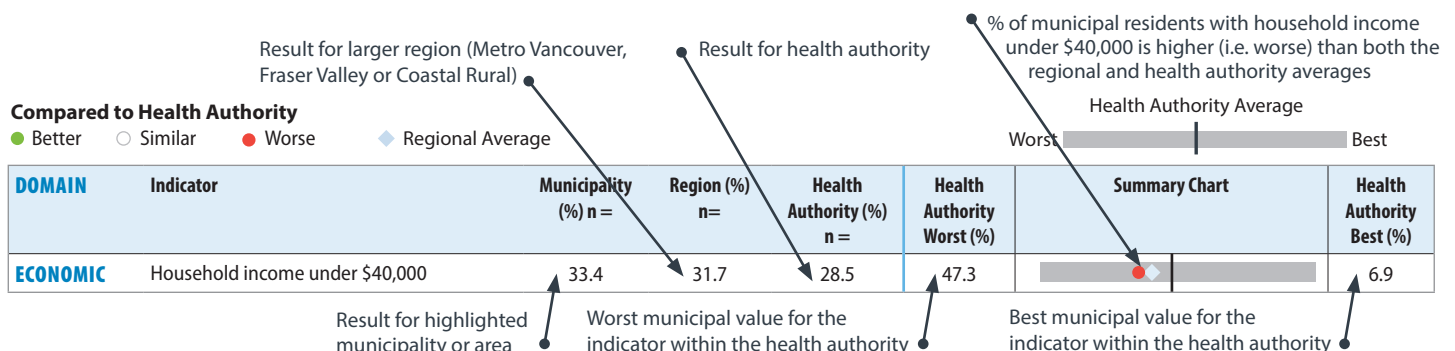
Metro Vancouver averages for each indicator are represented by: 

Graphic bullets highlight socioeconomic differences for select indicators across the METRO VANCOUVER region. Immigration, education, income and ethnicity are represented by the following graphics:



Using the spine chart

The chart on page 8 summarizes results for select indicators of health and well-being (some of which you will find on pages 3-7). In the chart, the results for the highlighted geographic area are given in the first column, along with the results for the relevant larger region (Metro Vancouver, Fraser Valley or Coastal Rural) and the results for the relevant health authority (Vancouver Coastal or Fraser Health). The chart also shows the results for the “worst” and the “best” geographic areas within that health authority. The value for the highlighted geographic area is labeled better (●) or worse (●) if the 95% confidence interval around the municipal value does not overlap with the health authority average.

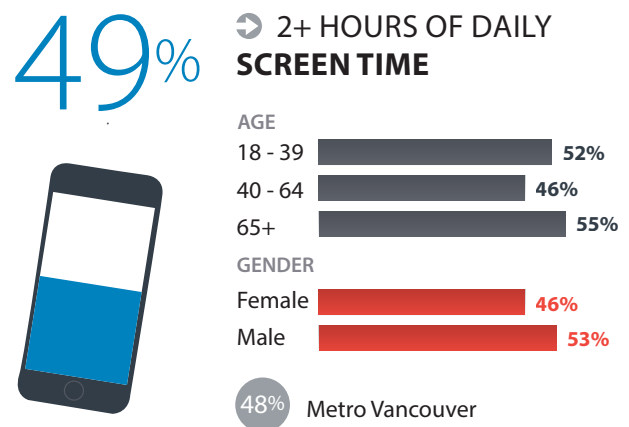
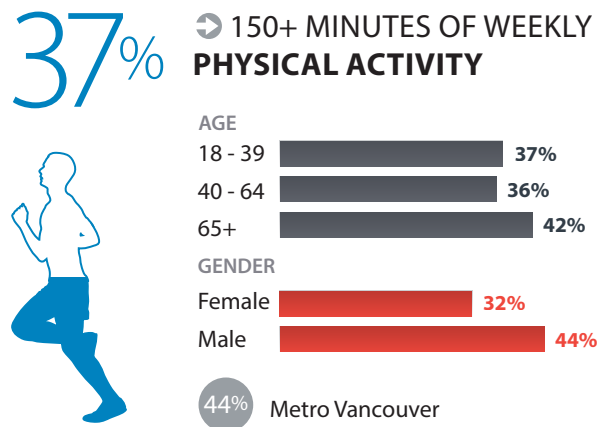
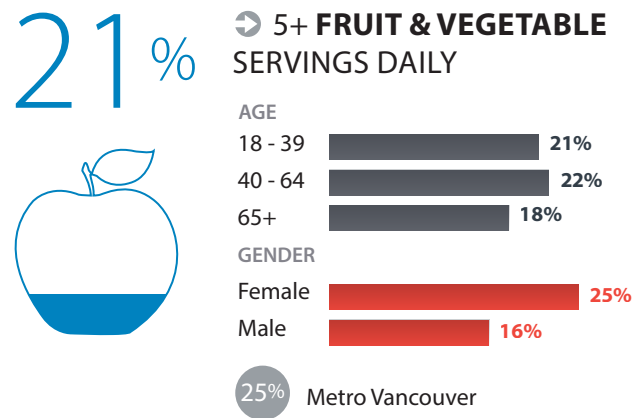
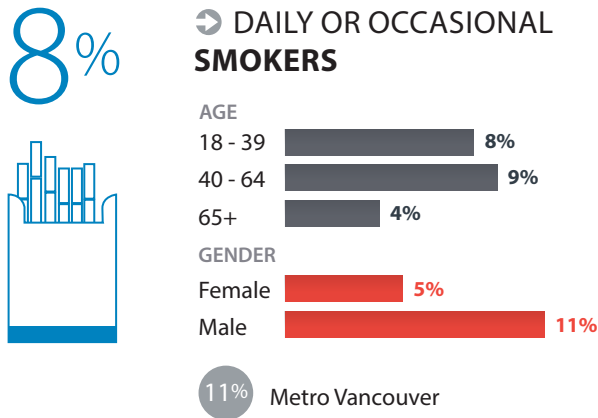


To provide feedback or for any additional information please contact: info@myhealthmycommunity.org


Richmond | Healthy Behaviours


Healthy behaviours contribute to maintaining physical and mental health, and reducing the risk of chronic conditions such as heart disease, diabetes and stroke. Recommended lifestyle behaviours include (but are not limited to) consumption of 5 or more servings of fruits and vegetables per day, limiting harmful alcohol consumption, avoiding smoking, exercising moderately to vigorously for 150 or more minutes per week, and reducing screen time and other sedentary activities.

Healthy behaviours are shaped by individual choices, social and economic conditions and neighbourhood design. Community programs and policies can encourage and enable healthy behaviours and reduce the burden of chronic conditions in our communities.




ACROSS METRO VANCOUVER

 **Canadian born** were more likely to be physically active and eat 5+ daily servings of fruits and vegetables, but were 2 times more likely to be smokers compared to immigrants.

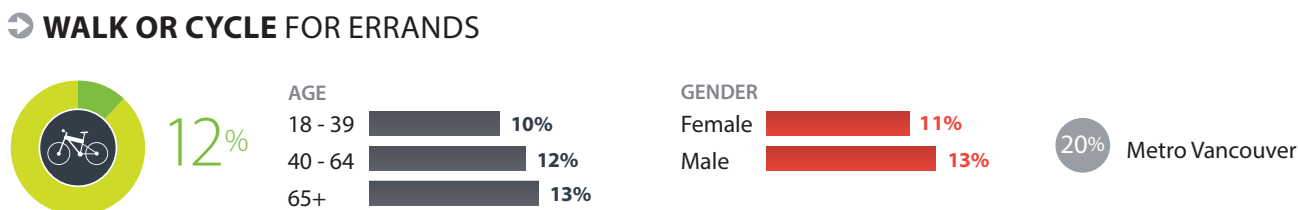
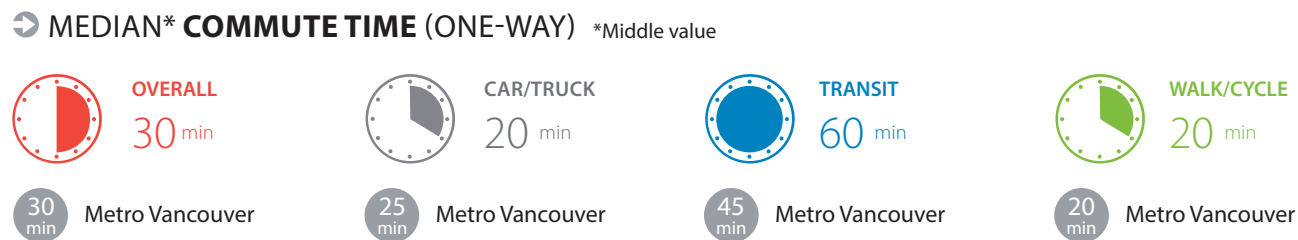
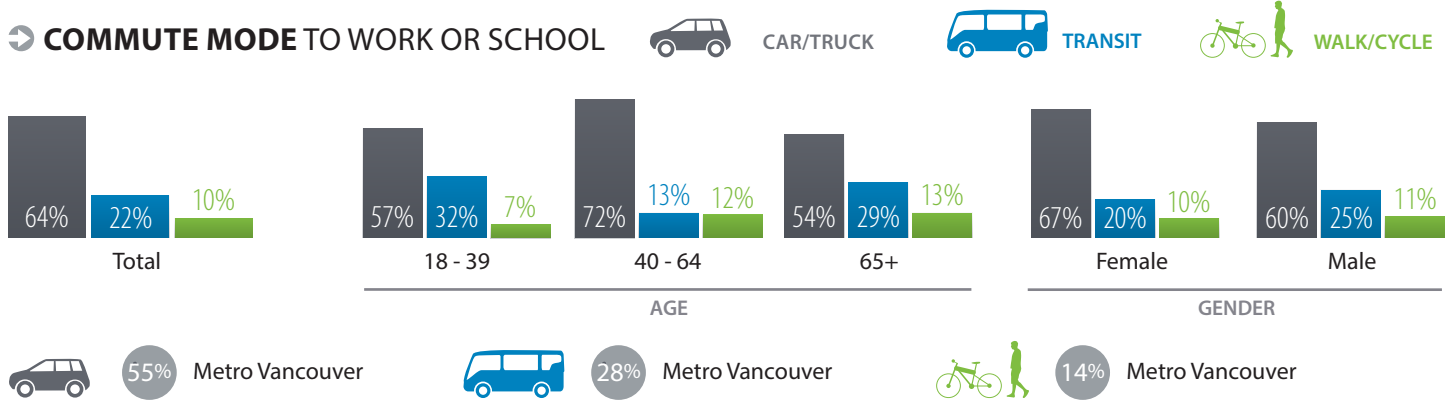
 **Healthy behaviours** were higher among people with annual household income \$120,000+. They were 75% less likely to smoke, were 60% more likely to consume 5+ daily servings of fruits and vegetables and were 30% less likely to have 2+ hours of daily screen time compared to those with household income under \$40,000.

 **Healthy behaviours** were higher among university graduates compared to those with less than high school education. They were 80% less likely to smoke and 2 times more likely to consume 5+ daily servings of fruits and vegetables.

 **Healthy behaviours** varied by ethnicity. Compared to the Metro Vancouver average, smoking was 3 times higher among Aboriginal people, consumption of 5+ daily servings of fruits and vegetables was 40% lower among South Asians, and weekly recommended physical activity was 25% lower among Chinese.

Richmond | Built Environment

The physical environment in which we live, work and play impacts our health. Physical components of a built environment include neighbourhood design, transportation networks, natural environment, healthy food systems and housing. Community design influences community connectedness, mental and physical health, and chronic disease outcomes by promoting healthy behaviours such as walking or cycling. Healthy built environments are a shared responsibility and require the combined efforts of community agencies, health and social services and various levels of government.



ACROSS METRO VANCOUVER

Compared to Canadian born, immigrants and especially recent **immigrants** were **more likely to take transit**. **Car use** among immigrants **increases with length of time in Canada**.

Households with annual **income under \$40,000** were **3 times more likely to commute by transit**, **2 times more likely to walk or cycle to run errands**, and **2 times more likely to be exposed to second hand smoke** in public places compared to household income of \$120,000+.

Commuting by transit was **50% higher among** those with **less than high school education** compared to university graduates. Exposure to **second hand smoke** in public places was **40% lower among university graduates** compared to those with less than high school education.

Among all ethnicities, **Caucasians and South Asians** were **most likely to drive** to work or school. **Aboriginal people and Chinese** reported the **highest likelihood of exposure to second hand smoke** in public places.

Richmond | Built Environment

➔ **WELL MAINTAINED SIDEWALKS IN NEIGHBOURHOOD**



76% Metro Vancouver

➔ **AMENITIES WITHIN WALKING OR CYCLING DISTANCE**



70% Metro Vancouver

➔ **EXPOSED TO SECOND HAND SMOKE IN PUBLIC PLACES**

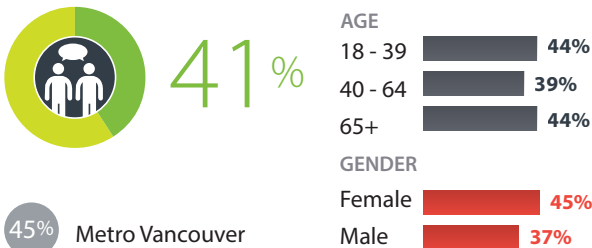


27% Metro Vancouver

Richmond | Community Resiliency

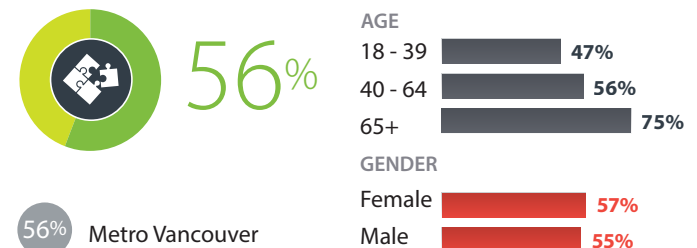
Support from families, friends and communities is associated with better health as it helps people deal with challenges and overcome problems. Supportive communities provide environments in which people are able to make decisions to improve their health and engage in healthy behaviours.

➔ **HAVE 4+ PEOPLE TO CONFIDE IN**




6% Metro Vancouver residents with **no one** to confide in


➔ **STRONG SENSE OF COMMUNITY BELONGING**




ACROSS METRO VANCOUVER

 **Recent immigrants** were **less likely to report a strong sense of community belonging**, and **Canadian born** were **more likely to report having 4+ people they can confide in**.

 Those with annual household **income of \$120,000+** were **more likely to report a strong sense of community belonging** and having **4+ people to confide in**.

 **University graduates** were **more likely to report having 4+ people to confide in**, but were **less likely to report a strong sense of community belonging** compared to those with less than high school education.

 Compared to the Metro Vancouver average of all ethnicities, **Caucasians** were **more likely to report having 4+ people to confide in**, and **South Asians** were **more likely to report having a strong sense of community belonging**.

Richmond | Family Doctor

Having a family doctor plays an important role in maintaining health and preventing chronic illness. Regular contact with a health care provider ensures that recommended preventive services, like screening for early stages of disease, is timely and that chronic conditions are well-managed to prevent complications. Having a regular care provider also helps to maintain continuity of care.

➔ HAVE A FAMILY DOCTOR



87%



83% Metro Vancouver

ACROSS METRO VANCOUVER



Compared to the Metro Vancouver average, **having a family doctor was 25% lower among recent immigrants.**



Households with **annual income of \$120,000+** were **15% more likely to have a family doctor** compared to those with household income under \$40,000.



Among all ethnicities, **Aboriginal people** were **least likely to report having a family doctor** and **South Asians** were the **most likely**.

Richmond | Health Status

Our physical and mental health is influenced by lifestyle behaviours, access to health services, the built environment, and our social and economic situation. Self-rated health is considered to be a good measure of the general health status of a population.

➔ SELF-RATED GENERAL HEALTH



38% GOOD
21% FAIR OR POOR

42% EXCELLENT OR VERY GOOD



49% Metro Vancouver excellent or very good

➔ SELF-RATED MENTAL HEALTH



31% GOOD
16% FAIR OR POOR

52% EXCELLENT OR VERY GOOD



57% Metro Vancouver excellent or very good

ACROSS METRO VANCOUVER



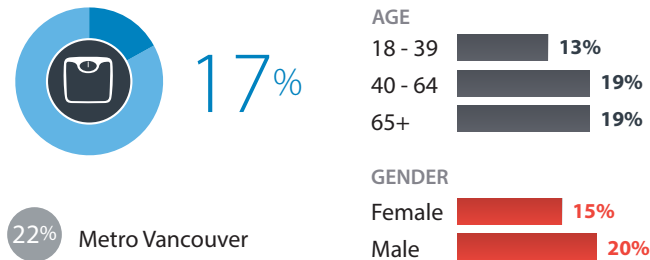
University graduates were **2 times more likely to report excellent or very good general health** and **60% more likely to report excellent or very good mental health** compared to those with less than high school education.



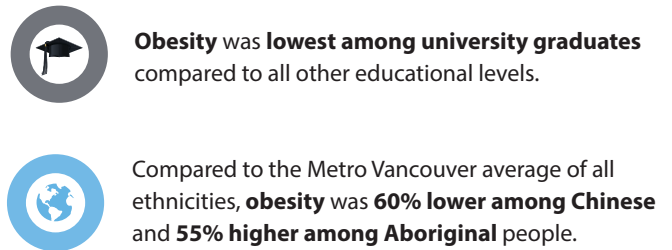
Households with **annual income \$120,000+** were **2 times more likely to report excellent or very good general health** and **60% more likely to report excellent or very good mental health** compared to households with income under \$40,000.

Richmond | Obesity

OBESITY (BODY MASS INDEX >=30.0)



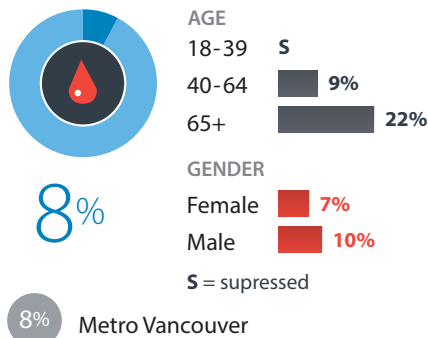
ACROSS METRO VANCOUVER



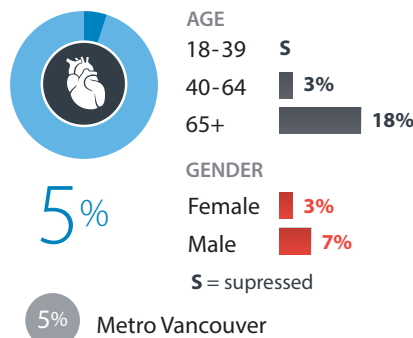
Richmond | Self-reported Chronic Conditions

Chronic conditions are a major burden on our health care system, individuals, families and communities. Strategies to prevent chronic conditions include the development of policies and programs, at a community level, which encourage and enable healthy behaviours in order to reduce risk factors for chronic conditions.

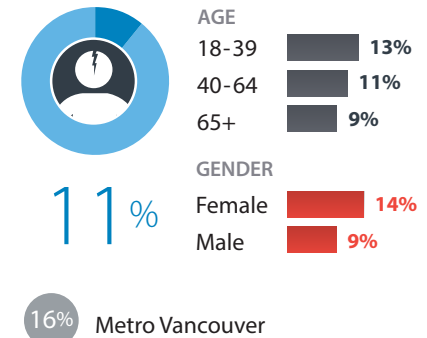
DIABETES



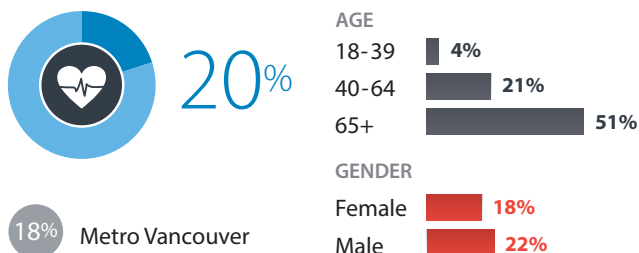
HEART DISEASE



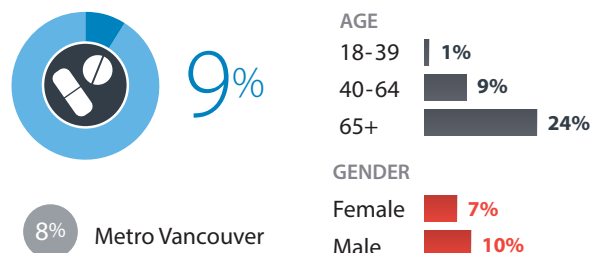
MOOD OR ANXIETY DISORDER



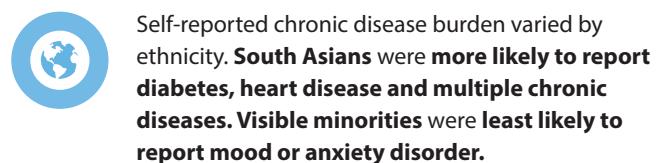
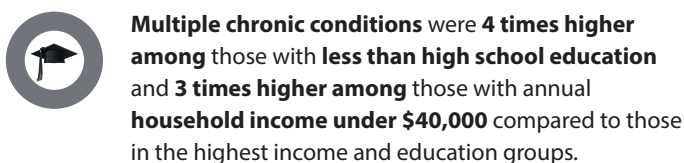
HIGH BLOOD PRESSURE



MULTIPLE CHRONIC ILLNESSES

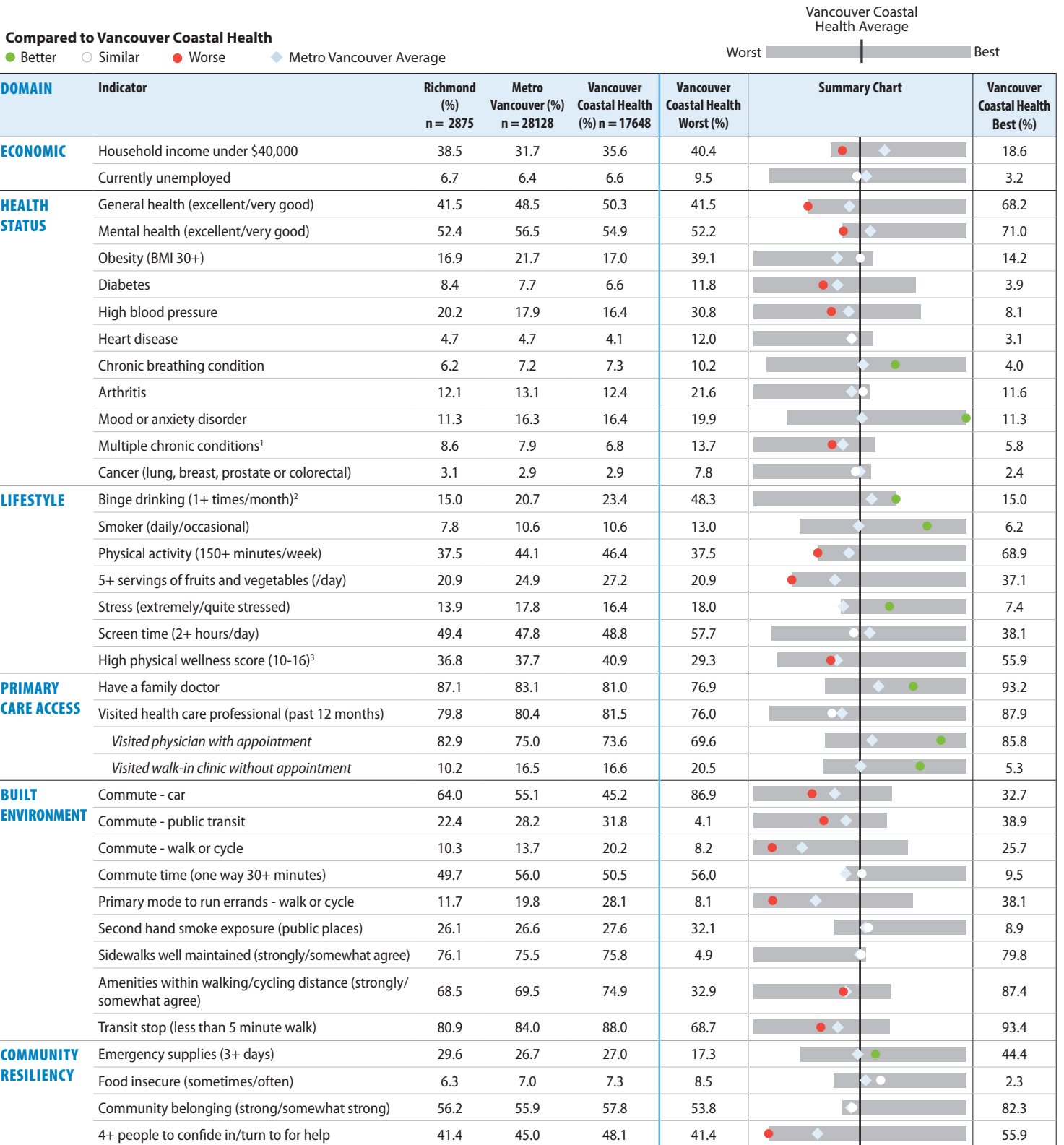


ACROSS METRO VANCOUVER



Richmond | Community Health Indicators

The chart below summarizes select indicators of health and well-being. Results for Richmond are compared to the Metro Vancouver region as well as Vancouver Coastal Health Authority.



1 Reported diagnosis of two or more of the following: Diabetes, heart disease, stroke, high blood pressure or chronic breathing conditions.
 2 Five or more drinks on one occasion for males and 4 or more drinks on one occasion for females.
 3 Lifestyles characterised by eating 5+ servings of fruits or vegetables a day, 30+ minutes of walking a day, 150+ minutes of moderate or vigorous physical activity a week, and not smoking. Wellness scores ranged from 0 - 16.

